

**FEC  
FORM 3****REPORT OF RECEIPTS  
AND DISBURSEMENTS**

For An Authorized Committee

Office Use Only

1. NAME OF  
COMMITTEE (in full)USE FEC MAILING LABEL  
OR TYPE OR PRINT ▼Example: If typing, type  
over the lines

Citizens for Robert Abboud

ADDRESS (number and street)  
▼

1548 East Algonquin Road

☐Check if different  
than previously  
reported. (ACC)

PMB #613

Algonquin

IL

60102

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

C00437251

3. IS THIS  
REPORT☒NEW  
(N)

OR

☐AMENDED  
(A)

IL

16

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

☐

April 15 Quarterly Report (Q1)

☒

July 15 Quarterly Report (Q2)

☐

October 15 Quarterly Report (Q3)

☐

January 31 Year-End Report (YE)

☐

Termination Report (TER)

(b) 12-Day PRE-Election Report for the:

☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12S)

Election on

in the  
State of

(c) 30-Day POST-Election Report for the:

☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the  
State of

5. Covering Period

04

01

2008

through

06

30

2008

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Samuel Melei

Signature of Treasurer

Electronically Filed by Samuel Melei

Date

07

15

2008

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office  
Use  
Only**FEC FORM 3**  
(Revised 02/2003)

# SUMMARY PAGE

of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

Page 2

Write or Type Committee Name

Citizens for Robert Abboud

Report Covering the Period:

From:

M M  
0 4D D  
0 1Y Y Y Y  
2 0 0 8

To:

M M  
0 6D D  
3 0Y Y Y Y  
2 0 0 8

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e)).....	26601.00	179764.12
(b) Total Contribution Refunds (from Line 20(d)).....	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	26601.00	179764.12
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17).....	91324.37	226254.36
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	91324.37	226254.36
8. Cash on Hand at Close of Reporting Period (from Line 27).....	13754.63	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	91569.04	

## For further information contact:

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463  
Toll Free 800-424-9530  
Local 202-694-1100

## DETAILED SUMMARY PAGE

of Receipts

FEC Form 3 (Revised 12/2003)

Page 3

Write or Type Committee Name  
Citizens for Robert Abboud

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	4	0	1	2	0	0	8

To:

M	M	D	D	Y	Y	Y	Y
0	6	3	0	2	0	0	8

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees	22200.00	154557.16
(i) Itemized (use Schedule A).....	4275.00	11251.02
(ii) Unitemized.....	26475.00	165808.18
(iii) TOTAL of contributions from individuals..... ▶	126.00	626.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACS).....	0.00	13329.94
(d) The Candidate.....	26601.00	179764.12
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))	0.00	0.00
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES.....		
13. LOANS		
(a) Made or Guaranteed by the Candidate.....	14194.87	63394.87
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	14194.87	63394.87
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.).....		
15. OTHER RECEIPTS (Dividends, Interest, etc.).....		
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶		
	40795.87	243158.99

# DETAILED SUMMARY PAGE of Disbursements

FEC Form 3 (Revised 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	91324.37	226254.36
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES.....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of all Other Loans.....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees.....	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS.....	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▶	91324.37	226254.36

## III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	64283.13
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3).....	40795.87
25. SUBTOTAL (add Line 23 and Line 24).....	105079.00
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	91324.37
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	13754.63

**SCHEDULE A (FEC Form 3 )  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 5 / 61

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
<input type="checkbox"/> 15			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Citizens for Robert Abboud

**A.**

Full Name (Last, First, Middle Initial)

Robert A. Breit

Mailing Address 3716 Heritage Drive

City

Northbrook

State

IL

Zip Code

60062

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
St. Jude Children's Resea-  
rch Hospital

Receipt For: 2008

☐ Primary
 ☒ General
 ☐ Other (specify) ▼

Occupation

Second Vice Charman

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	2		2	0	0	8

Transaction ID: C17564022

Amount of Each Receipt this Period

1000.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)
**B.**

Full Name (Last, First, Middle Initial)

John D. Cooke

Mailing Address One Lakeview Ct.

City

Galena

State

IL

Zip Code

61036

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Receipt For: 2008

☐ Primary
 ☒ General
 ☐ Other (specify) ▼

Occupation

Information Requested

Election Cycle-to-Date ▼

2000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	5		2	0	0	8

Transaction ID: C17626930

Amount of Each Receipt this Period

2000.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)
**C.**

Full Name (Last, First, Middle Initial)

John Cox

Mailing Address 906 3rd St

City

Galena

State

IL

Zip Code

61036-2627

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Jo Cadwill Energy, Inc.

Receipt For: 2008

☐ Primary
 ☒ General
 ☐ Other (specify) ▼

Occupation

Attorney

Election Cycle-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	9		2	0	0	8

Transaction ID: C17623632

Amount of Each Receipt this Period

500.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) .....

3500.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3 )  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 61

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
<input type="checkbox"/> 15			

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NAME OF COMMITTEE (In Full)

Citizens for Robert Abboud

**A.**

Full Name (Last, First, Middle Initial)

Kevork Derderian

Mailing Address 2340 South River Road

City

Des Plaines

State

IL

Zip Code

60018

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Continental Offices Ltd.

Occupation

President

Receipt For: 2008

☐ Primary
 ☒ General
 ☐ Other (specify) ▼

Election Cycle-to-Date ▼

2300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	5		2	0	0	8

Transaction ID: C17621224

Amount of Each Receipt this Period

2300.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)
**B.**

Full Name (Last, First, Middle Initial)

Jack D. Franks

Mailing Address P.O. Box 274

City

Woodstock

State

IL

Zip Code

60098

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
State of Illinois

Occupation

State Representative

Receipt For: 2008

☐ Primary
 ☒ General
 ☐ Other (specify) ▼

Election Cycle-to-Date ▼

400.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	3		2	0	0	8

Transaction ID: C17649011

Amount of Each Receipt this Period

250.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)
**C.**

Full Name (Last, First, Middle Initial)

Jack Franks

Mailing Address PO Box 274

City

Woodstock

State

IL

Zip Code

60098

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation

Information Requested

Receipt For: 2008

☐ Primary
 ☒ General
 ☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	4		2	0	0	8

Transaction ID: C17630029

Amount of Each Receipt this Period

250.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) .....

2800.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3 )** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 61

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Citizens for Robert Abboud

**A.**

Full Name (Last, First, Middle Initial)

Action League Political Actio Ironworkers Political

Mailing Address 1750 New York Ave NW

City

Washington

State

DC

Zip Code

20006-5305

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation

Information Requested

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 2 8 / 2 0 0 8

Transaction ID: C17611667

Amount of Each Receipt this Period

5000.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**B.**

Full Name (Last, First, Middle Initial)

Thomas G Leontios

Mailing Address 1835 W. Crescent Ave.

City

Park Ridge

State

IL

Zip Code

60068

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
I.D.E.A. Inc.

Occupation

Developer

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 1 7 / 2 0 0 8

Transaction ID: C17620743

Amount of Each Receipt this Period

1000.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**C.**

Full Name (Last, First, Middle Initial)

William B Miller

Mailing Address 7 Burning Oaks

City

Barrington Hills

State

IL

Zip Code

60010

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation

Information Requested

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 9 / 2 0 0 8

Transaction ID: C17635873

Amount of Each Receipt this Period

250.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) .....

6250.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3 )** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 61

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Citizens for Robert Abboud

**A.**

Full Name (Last, First, Middle Initial)

Eve Perry

Mailing Address 3 Porter School Road

City

Barrington Hills

State

IL

Zip Code

60010

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation

Information Requested

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 1 0 / 2 0 0 8

Transaction ID: C17606117

Amount of Each Receipt this Period

2000.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**B.**

Full Name (Last, First, Middle Initial)

Robert Pirraglia

Mailing Address 712 Havana Dr

City

Baco Raton

State

FL

Zip Code

33487

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ENSYN Corportaiton

Occupation

Attorney

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 1 5 / 2 0 0 8

Transaction ID: C17621210

Amount of Each Receipt this Period

250.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**C.**

Full Name (Last, First, Middle Initial)

Manian Ramesh

Mailing Address 5 Little Bend Road

City

Barrington Hills

State

IL

Zip Code

60010

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Nalco Company

Occupation

Chief Technology Officer, Corp VP

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 3 0 / 2 0 0 8

Transaction ID: C17617459

Amount of Each Receipt this Period

500.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) .....

2750.00

**TOTAL** This Period (last page this line number only) .....



**SCHEDULE A (FEC Form 3 )  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 61

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
<input type="checkbox"/> 15			

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NAME OF COMMITTEE (In Full)

Citizens for Robert Abboud

**A.**

Full Name (Last, First, Middle Initial)

Elyse Roberts

Mailing Address 88 Brinker Road

City

Barrington Hills

State

IL

Zip Code

60010

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self- employed

Occupation

Construction/Contractor

Receipt For: 2008

☐ Primary
 ☒ General
 ☐ Other (specify) ▼

Election Cycle-to-Date ▼

4600.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	1		2	0	0	8

Transaction ID: C17617466

Amount of Each Receipt this Period

2300.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)
**B.**

Full Name (Last, First, Middle Initial)

Ray Roberts

Mailing Address 88 Brinker road

City

Barrington Hills

State

IL

Zip Code

60010

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation

Information Requested

Receipt For: 2008

☐ Primary
 ☒ General
 ☐ Other (specify) ▼

Election Cycle-to-Date ▼

2300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	1		2	0	0	8

Transaction ID: C17617467

Amount of Each Receipt this Period

2300.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)
**C.**

Full Name (Last, First, Middle Initial)

Deborah Wagner

Mailing Address 3 Dauphine Court

City

Oakwood Hills

State

IL

Zip Code

60013

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Fox River Grove School Di-  
strict 3

Occupation

School Teacher

Receipt For: 2008

☐ Primary
 ☒ General
 ☐ Other (specify) ▼

Election Cycle-to-Date ▼

4600.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	4		2	0	0	8

Transaction ID: C17610823

Amount of Each Receipt this Period

2300.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) .....

6900.00

TOTAL This Period (last page this line number only) .....

22200.00

**SCHEDULE A (FEC Form 3 )  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 61

(check only one)

☐ 11a ☒ 11b ☐ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Citizens for Robert Abboud

**A.**

Full Name (Last, First, Middle Initial)

Winnebago County Democrats

Mailing Address P.O. Box 23

City

Rockford

State

IL

Zip Code

61105

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

126.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	7		2	0	0	8

Transaction ID: C17655088

Amount of Each Receipt this Period

126.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) .....

126.00

TOTAL This Period (last page this line number only) .....

126.00

# **SCHEDULE A (FEC Form 3 )** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 61

(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 11d  
☐ 12 ☒ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Citizens for Robert Abboud

**A.**

Full Name (Last, First, Middle Initial)

Robert G. Abboud

Mailing Address 13 Country Oaks Lane

City State Zip Code  
 Barrington Hills IL 60010

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RGA Labs, Inc

Occupation  
Engineer

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

76724.81

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 5 / 2 7 / 2 0 0 8

Transaction ID: C17655073

Amount of Each Receipt this Period

583.95

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**B.**

Full Name (Last, First, Middle Initial)

Robert G. Abboud

Mailing Address 13 Country Oaks Lane

City State Zip Code  
 Barrington Hills IL 60010

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RGA Labs, Inc

Occupation  
Engineer

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

76724.81

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 5 / 2 8 / 2 0 0 8

Transaction ID: C17655075

Amount of Each Receipt this Period

3510.92

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**C.**

Full Name (Last, First, Middle Initial)

Robert G. Abboud

Mailing Address 13 Country Oaks Lane

City State Zip Code  
 Barrington Hills IL 60010

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RGA Labs, Inc

Occupation  
Engineer

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

76724.81

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 6 / 1 8 / 2 0 0 8

Transaction ID: C17655077

Amount of Each Receipt this Period

7000.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) .....

11094.87

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3 )  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 61

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input checked="" type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
<input type="checkbox"/> 15			

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NAME OF COMMITTEE (In Full)

Citizens for Robert Abboud

**A.**

Full Name (Last, First, Middle Initial)

Robert G. Abboud

Mailing Address 13 Country Oaks Lane

City

Barrington Hills

State

IL

Zip Code

60010

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RGA Labs, Inc

Occupation

Engineer

Receipt For: 2008

☐ Primary
 ☒ General
 ☐ Other (specify) ▼

Election Cycle-to-Date ▼

76724.81

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	7		2	0	0	8

Transaction ID: C17655081

Amount of Each Receipt this Period

3100.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) .....

3100.00

TOTAL This Period (last page this line number only) .....

14194.87

# **SCHEDULE B (FEC Form 3)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 13 / 61

☒ 17 ☐ 18 ☐ 19a ☐ 19b  
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)  
Citizens for Robert Abboud

<b>A.</b> Full Name (Last, First, Middle Initial) Act Blue/Auburn Quad, Inc. Mailing Address P.O. Box 390728	<b>Transaction ID:</b> D300996 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 4 / 1 4 / 2 0 0 8</div> </div>
City State Zip Code Cambridge MA 02139 Purpose of Disbursement online contribution service fee Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Amount of Each Disbursement this Period</b> <div> <div></div> <div>5.93</div> </div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<b>B.</b> Full Name (Last, First, Middle Initial) Act Blue/Auburn Quad, Inc. Mailing Address P.O. Box 390728 City State Zip Code Cambridge MA 02139 Purpose of Disbursement online donation service fee Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> D321587 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 4 / 0 6 / 2 0 0 8</div> </div> <b>Amount of Each Disbursement this Period</b> <div> <div></div> <div>2.97</div> </div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<b>C.</b> Full Name (Last, First, Middle Initial) Act Blue/Auburn Quad, Inc. Mailing Address P.O. Box 390728 City State Zip Code Cambridge MA 02139 Purpose of Disbursement online donation service fee Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> D321588 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 5 / 0 4 / 2 0 0 8</div> </div> <b>Amount of Each Disbursement this Period</b> <div> <div></div> <div>20.74</div> </div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

**SUBTOTAL** of Disbursements This Page (optional) ..... ►

**29.64**

**TOTAL** This Period (last page this line number only) ..... ►

# **SCHEDULE B (FEC Form 3)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 14 / 61

☒ 17 ☐ 18 ☐ 19a ☐ 19b  
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)  
Citizens for Robert Abboud

A.

Full Name (Last, First, Middle Initial)  
Act Blue/Auburn Quad, Inc.

Mailing Address P.O. Box 390728

City State Zip Code  
Cambridge MA 02139

Purpose of Disbursement  
online donation service fee

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D321589

Date of Disbursement

/   /

Amount of Each Disbursement this Period

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

B.

Full Name (Last, First, Middle Initial)  
Act Blue/Auburn Quad, Inc.

Mailing Address P.O. Box 390728

City State Zip Code  
Cambridge MA 02139

Purpose of Disbursement  
online donation service fee

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D321590

Date of Disbursement

/   /

Amount of Each Disbursement this Period

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

C.

Full Name (Last, First, Middle Initial)  
Act Blue/Auburn Quad, Inc.

Mailing Address P.O. Box 390728

City State Zip Code  
Cambridge MA 02139

Purpose of Disbursement  
online donation service fee

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D321591

Date of Disbursement

/   /

Amount of Each Disbursement this Period

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**SUBTOTAL** of Disbursements This Page (optional) .....

**14.82**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 15 / 61

☒ 17 ☐ 18 ☐ 19a ☐ 19b  
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)  
Citizens for Robert Abboud

A.

Full Name (Last, First, Middle Initial)  
Act Blue/Auburn Quad, Inc.

Mailing Address P.O. Box 390728

City State Zip Code  
Cambridge MA 02139

Purpose of Disbursement  
online donation service fee

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D321592

Date of Disbursement

/   /

Amount of Each Disbursement this Period

187.63

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

B.

Full Name (Last, First, Middle Initial)  
Act Blue/Auburn Quad, Inc.

Mailing Address P.O. Box 390728

City State Zip Code  
Cambridge MA 02139

Purpose of Disbursement  
online donation service fee

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D321593

Date of Disbursement

/   /

Amount of Each Disbursement this Period

79.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

C.

Full Name (Last, First, Middle Initial)  
Act Blue/Auburn Quad, Inc.

Mailing Address P.O. Box 390728

City State Zip Code  
Cambridge MA 02139

Purpose of Disbursement  
online donation service fee

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D321594

Date of Disbursement

/   /

Amount of Each Disbursement this Period

9.88

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**SUBTOTAL** of Disbursements This Page (optional) .....

276.51

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 16 / 61

☒ 17 ☐ 18 ☐ 19a ☐ 19b  
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)  
Citizens for Robert Abboud

A.

Full Name (Last, First, Middle Initial)  
Act Blue/Auburn Quad, Inc.

Mailing Address P.O. Box 390728

City State Zip Code  
Cambridge MA 02139

Purpose of Disbursement  
online donation service fee

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D321595

Date of Disbursement

/   /

Amount of Each Disbursement this Period

86.55

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

B.

Full Name (Last, First, Middle Initial)  
Act Blue/Auburn Quad, Inc.

Mailing Address P.O. Box 390728

City State Zip Code  
Cambridge MA 02139

Purpose of Disbursement  
online donation service fee

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D321596

Date of Disbursement

/   /

Amount of Each Disbursement this Period

29.63

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

C.

Full Name (Last, First, Middle Initial)  
Marianna Anderson

Mailing Address 6455 Oak Crest Lane

City State Zip Code  
Loves Park IL 61111

Purpose of Disbursement  
canvassing

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D321222

Date of Disbursement

/   /

Amount of Each Disbursement this Period

252.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**SUBTOTAL** of Disbursements This Page (optional) .....

368.18

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 17 / 61

☒ 17 ☐ 18 ☐ 19a ☐ 19b  
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)  
Citizens for Robert Abboud

<b>A.</b> Full Name (Last, First, Middle Initial) Marianna Anderson	<b>Transaction ID:</b> D321250 <b>Date of Disbursement</b>
Mailing Address 6455 Oak Crest Lane	<div> <div>M M / D D / Y Y Y Y</div> <div>0 5 / 1 6 / 2 0 0 8</div> </div>
City Loves Park State IL Zip Code 61111	<b>Amount of Each Disbursement this Period</b> <div>500.00</div>
Purpose of Disbursement canvassing Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<div> <div>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</div> <div>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</div> </div>	<div>Category/Type</div>
State: District:	
<b>B.</b> Full Name (Last, First, Middle Initial) Marianna Anderson	<b>Transaction ID:</b> D321308 <b>Date of Disbursement</b>
Mailing Address 6455 Oak Crest Lane	<div> <div>M M / D D / Y Y Y Y</div> <div>0 5 / 3 0 / 2 0 0 8</div> </div>
City Loves Park State IL Zip Code 61111	<b>Amount of Each Disbursement this Period</b> <div>334.00</div>
Purpose of Disbursement 4 days of canvassing Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<div> <div>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</div> <div>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</div> </div>	<div>Category/Type</div>
State: District:	
<b>C.</b> Full Name (Last, First, Middle Initial) Marianna Anderson	<b>Transaction ID:</b> D321376 <b>Date of Disbursement</b>
Mailing Address 6455 Oak Crest Lane	<div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 1 3 / 2 0 0 8</div> </div>
City Loves Park State IL Zip Code 61111	<b>Amount of Each Disbursement this Period</b> <div>500.00</div>
Purpose of Disbursement canvassing Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<div> <div>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</div> <div>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</div> </div>	<div>Category/Type</div>
State: District:	

**SUBTOTAL** of Disbursements This Page (optional) .....

1334.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 18 / 61

☒ 17 ☐ 18 ☐ 19a ☐ 19b  
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)  
Citizens for Robert Abboud

A.

Full Name (Last, First, Middle Initial)  
Marianna Anderson

Mailing Address 6455 Oak Crest Lane

City Loves Park State IL Zip Code 61111

Purpose of Disbursement  
canvassing

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D321377

Date of Disbursement

/   /

Amount of Each Disbursement this Period

334.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

B.

Full Name (Last, First, Middle Initial)  
Marianna Anderson

Mailing Address 6455 Oak Crest Lane

City Loves Park State IL Zip Code 61111

Purpose of Disbursement  
canvassing for 5 days

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D321378

Date of Disbursement

/   /

Amount of Each Disbursement this Period

420.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

C.

Full Name (Last, First, Middle Initial)  
Nicholas Brener

Mailing Address Information requested

City Rockford State IL Zip Code 61107

Purpose of Disbursement  
canvassing

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D321436

Date of Disbursement

/   /

Amount of Each Disbursement this Period

252.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**SUBTOTAL** of Disbursements This Page (optional) .....

1006.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 19 / 61

☒ 17 ☐ 18 ☐ 19a ☐ 19b  
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)  
Citizens for Robert Abboud

<b>A.</b> Full Name (Last, First, Middle Initial) Mike Carroll Mailing Address 612 North Chicago Avenue	<b>Transaction ID:</b> D321429 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 0 4 / 2 0 0 8</div> </div>
City Rockford State IL Zip Code 61107 Purpose of Disbursement nontravel expense reimbursement Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	<b>Amount of Each Disbursement this Period</b> <div>200.00</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<b>B.</b> Full Name (Last, First, Middle Initial) Mike Carroll Mailing Address 612 North Chicago Avenue City Rockford State IL Zip Code 61107 Purpose of Disbursement communications consulting Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	<b>Transaction ID:</b> D321422 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 4 / 3 0 / 2 0 0 8</div> </div> <b>Amount of Each Disbursement this Period</b> <div>4500.00</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<b>C.</b> Full Name (Last, First, Middle Initial) Mike Carroll Mailing Address 612 North Chicago Avenue City Rockford State IL Zip Code 61107 Purpose of Disbursement nontravel expense reimbursement Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	<b>Transaction ID:</b> D321425 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 5 / 1 6 / 2 0 0 8</div> </div> <b>Amount of Each Disbursement this Period</b> <div>144.02</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

**SUBTOTAL** of Disbursements This Page (optional) ..... ►

**4844.02**

**TOTAL** This Period (last page this line number only) ..... ►

# **SCHEDULE B (FEC Form 3)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 20 / 61

☒ 17 ☐ 18 ☐ 19a ☐ 19b  
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)  
Citizens for Robert Abboud

<b>A.</b> Full Name (Last, First, Middle Initial) Mike Carroll Mailing Address 612 North Chicago Avenue	<b>Transaction ID:</b> D321420 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 4 / 1 7 / 2 0 0 8</div> </div>
City Rockford State IL Zip Code 61107 Purpose of Disbursement communications consulting Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	<b>Amount of Each Disbursement this Period</b> <div>2250.00</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<b>B.</b> Full Name (Last, First, Middle Initial) Mike Carroll Mailing Address 612 North Chicago Avenue City Rockford State IL Zip Code 61107 Purpose of Disbursement Consulting Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	<b>Transaction ID:</b> D321382 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 1 7 / 2 0 0 8</div> </div> <b>Amount of Each Disbursement this Period</b> <div>4630.00</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<b>C.</b> Full Name (Last, First, Middle Initial) Comcast Spotlight Mailing Address 1255 West North Avenue City Chicago State IL Zip Code 60622 Purpose of Disbursement campaign advertisement production Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	<b>Transaction ID:</b> D300425 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 4 / 1 4 / 2 0 0 8</div> </div> <b>Amount of Each Disbursement this Period</b> <div>1825.00</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

**SUBTOTAL** of Disbursements This Page (optional) ..... ►

**8705.00**

**TOTAL** This Period (last page this line number only) ..... ►

# **SCHEDULE B (FEC Form 3)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 21 / 61

☒ 17 ☐ 18 ☐ 19a ☐ 19b  
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)  
Citizens for Robert Abboud

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Andra L. Crawford</p> <p>Mailing Address 3310 Packard Road Apt. 2B</p> <p>City Ann Arbor State MI Zip Code 48108</p> <p>Purpose of Disbursement consulting</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008  <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D321189</p> <p>Date of Disbursement  M M / D D / Y Y Y Y  0 4 / 0 1 / 2 0 0 8</p> <p>Amount of Each Disbursement this Period  750.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Andra L. Crawford</p> <p>Mailing Address 3310 Packard Road Apt. 2B</p> <p>City Ann Arbor State MI Zip Code 48108</p> <p>Purpose of Disbursement finance consulting</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008  <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D300356</p> <p>Date of Disbursement  M M / D D / Y Y Y Y  0 4 / 0 1 / 2 0 0 8</p> <p>Amount of Each Disbursement this Period  750.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Andra L. Crawford</p> <p>Mailing Address 3310 Packard Road Apt. 2B</p> <p>City Ann Arbor State MI Zip Code 48108</p> <p>Purpose of Disbursement finance consulting</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008  <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D300357</p> <p>Date of Disbursement  M M / D D / Y Y Y Y  0 4 / 0 7 / 2 0 0 8</p> <p>Amount of Each Disbursement this Period  750.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

**SUBTOTAL** of Disbursements This Page (optional) .....

**2250.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 22 / 61

☒ 17 ☐ 18 ☐ 19a ☐ 19b  
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)  
Citizens for Robert Abboud

A.

Full Name (Last, First, Middle Initial)

Andra L. Crawford

Mailing Address 3310 Packard Road  
Apt. 2B

City Ann Arbor State MI Zip Code 48108

Purpose of Disbursement  
consulting

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D321192

Date of Disbursement

/   /

Amount of Each Disbursement this Period

750.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

B.

Full Name (Last, First, Middle Initial)

Andra L. Crawford

Mailing Address 3310 Packard Road  
Apt. 2B

City Ann Arbor State MI Zip Code 48108

Purpose of Disbursement  
consulting

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D321194

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1500.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

C.

Full Name (Last, First, Middle Initial)

Nick Crnkovica

Mailing Address 2320 West 21st Street

City Chicago State IL Zip Code 60608

Purpose of Disbursement  
canvassing

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D321196

Date of Disbursement

/   /

Amount of Each Disbursement this Period

268.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**SUBTOTAL** of Disbursements This Page (optional) .....

2518.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 23 / 61

☒ 17 ☐ 18 ☐ 19a ☐ 19b  
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)  
 Citizens for Robert Abboud

**A.**

Full Name (Last, First, Middle Initial)

Nick Crnkovica

Mailing Address 2320 West 21st Street

City Chicago State IL Zip Code 60608

Purpose of Disbursement  
 canvassing

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** D321218

Date of Disbursement

/   /

Amount of Each Disbursement this Period

500.00

☐ Refund or Disposal of Excess  
 Contributions Required Under  
 11 C.F.R. 400.53

**B.**

Full Name (Last, First, Middle Initial)

Nick Crnkovica

Mailing Address 2320 West 21st Street

City Chicago State IL Zip Code 60608

Purpose of Disbursement  
 canvassing

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** D321248

Date of Disbursement

/   /

Amount of Each Disbursement this Period

500.00

☐ Refund or Disposal of Excess  
 Contributions Required Under  
 11 C.F.R. 400.53

**C.**

Full Name (Last, First, Middle Initial)

Nick Crnkovica

Mailing Address 2320 West 21st Street

City Chicago State IL Zip Code 60608

Purpose of Disbursement  
 canvassing wk 5/5 for 4 days

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** D321395

Date of Disbursement

/   /

Amount of Each Disbursement this Period

420.00

☐ Refund or Disposal of Excess  
 Contributions Required Under  
 11 C.F.R. 400.53

**SUBTOTAL** of Disbursements This Page (optional) .....

1420.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 24 / 61

☒ 17 ☐ 18 ☐ 19a ☐ 19b  
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)  
Citizens for Robert Abboud

**A.**

Full Name (Last, First, Middle Initial)

Nick Crnkovica

Mailing Address 2320 West 21st Street

City Chicago State IL Zip Code 60608

Purpose of Disbursement  
canvassing for 6 days

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

**Transaction ID:** D321407

Date of Disbursement

/   /

Amount of Each Disbursement this Period

500.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**B.**

Full Name (Last, First, Middle Initial)

Nick Crnkovica

Mailing Address 2320 West 21st Street

City Chicago State IL Zip Code 60608

Purpose of Disbursement  
canvassing 4 days

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

**Transaction ID:** D321444

Date of Disbursement

/   /

Amount of Each Disbursement this Period

334.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**C.**

Full Name (Last, First, Middle Initial)

Nick Crnkovica

Mailing Address 2320 West 21st Street

City Chicago State IL Zip Code 60608

Purpose of Disbursement  
canvassing

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

**Transaction ID:** D321447

Date of Disbursement

/   /

Amount of Each Disbursement this Period

500.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**SUBTOTAL** of Disbursements This Page (optional) .....

1334.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 25 / 61

☒ 17 ☐ 18 ☐ 19a ☐ 19b  
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)  
Citizens for Robert Abboud

<b>A.</b> Full Name (Last, First, Middle Initial) Nick Crnkovica Mailing Address 2320 West 21st Street	<b>Transaction ID:</b> D321448 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 2 7 / 2 0 0 8</div> </div>
City Chicago State IL Zip Code 60608 Purpose of Disbursement canvassing Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Amount of Each Disbursement this Period</b> <div>417.00</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<b>B.</b> Full Name (Last, First, Middle Initial) Raena Davis Mailing Address 612 North Chicago Avenue City Rockford State IL Zip Code 61107 Purpose of Disbursement consulting Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> D321385 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 1 7 / 2 0 0 8</div> </div> <b>Amount of Each Disbursement this Period</b> <div>1750.00</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<b>C.</b> Full Name (Last, First, Middle Initial) Ryan Denk Mailing Address information requested City Rockford State IL Zip Code 61107 Purpose of Disbursement canvassing Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> D321389 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 2 7 / 2 0 0 8</div> </div> <b>Amount of Each Disbursement this Period</b> <div>500.00</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

**SUBTOTAL** of Disbursements This Page (optional) .....

**2667.00**

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 26 / 61

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
Citizens for Robert Abboud**A.**

Full Name (Last, First, Middle Initial)

Ryan Denk

**Transaction ID:** D321330

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	3		2	0	0	8

Mailing Address information requested

Amount of Each Disbursement this Period

5	8	3	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

City State Zip Code  
Rockford IL 61107Purpose of Disbursement  
7 days of canvassing

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53**B.**

Full Name (Last, First, Middle Initial)

Ryan Denk

**Transaction ID:** D321408

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		3	0		2	0	0	8

Mailing Address information requested

Amount of Each Disbursement this Period

3	3	4	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

City State Zip Code  
Rockford IL 61107Purpose of Disbursement  
canvassing

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53**C.**

Full Name (Last, First, Middle Initial)

Erie Insurance

**Transaction ID:** D321450

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		3	0		2	0	0	8

Mailing Address 100 Erie Insurance Place

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

City State Zip Code  
Erie PA 16530Purpose of Disbursement  
insurance

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53**SUBTOTAL** of Disbursements This Page (optional) .....

1417.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 27 / 61

☒ 17 ☐ 18 ☐ 19a ☐ 19b  
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)  
Citizens for Robert Abboud

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Fako &amp; Associates</p> <p>Mailing Address 1440 Maple Ave. Suite 10A</p> <p>City Lisle State IL Zip Code 60532</p> <p>Purpose of Disbursement campaign consulting</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President            State: District:</p> <p>Disbursement For: 2008  <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D300359</p> <p>Date of Disbursement            M M / D D / Y Y Y Y            0 4 / 0 6 / 2 0 0 8</p> <p>Amount of Each Disbursement this Period            2500.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess            Contributions Required Under            11 C.F.R. 400.53</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Fako &amp; Associates</p> <p>Mailing Address 1440 Maple Ave. Suite 10A</p> <p>City Lisle State IL Zip Code 60532</p> <p>Purpose of Disbursement polling consult</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President            State: District:</p> <p>Disbursement For: 2008  <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D321191</p> <p>Date of Disbursement            M M / D D / Y Y Y Y            0 4 / 0 6 / 2 0 0 8</p> <p>Amount of Each Disbursement this Period            2500.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess            Contributions Required Under            11 C.F.R. 400.53</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Dave Fernandez</p> <p>Mailing Address information requested</p> <p>City Rockford State IL Zip Code 61107</p> <p>Purpose of Disbursement 4 days of canvassing</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President            State: District:</p> <p>Disbursement For: 2008  <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D321315</p> <p>Date of Disbursement            M M / D D / Y Y Y Y            0 5 / 3 0 / 2 0 0 8</p> <p>Amount of Each Disbursement this Period            334.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess            Contributions Required Under            11 C.F.R. 400.53</p>
<p><b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ►</p> <p>5334.00</p>	
<p><b>TOTAL</b> This Period (last page this line number only) ..... ►</p>	

# **SCHEDULE B (FEC Form 3)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 28 / 61

☒ 17 ☐ 18 ☐ 19a ☐ 19b  
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)  
 Citizens for Robert Abboud

**A.**

Full Name (Last, First, Middle Initial)  
 Dave Fernandez

Mailing Address information requested

City State Zip Code  
 Rockford IL 61107

Purpose of Disbursement  
 6 days

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** D321335

Date of Disbursement

/   /

Amount of Each Disbursement this Period

500.00

☐ Refund or Disposal of Excess  
 Contributions Required Under  
 11 C.F.R. 400.53

**B.**

Full Name (Last, First, Middle Initial)  
 Dave Fernandez

Mailing Address information requested

City State Zip Code  
 Rockford IL 61107

Purpose of Disbursement  
 canvassing

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** D321400

Date of Disbursement

/   /

Amount of Each Disbursement this Period

500.00

☐ Refund or Disposal of Excess  
 Contributions Required Under  
 11 C.F.R. 400.53

**C.**

Full Name (Last, First, Middle Initial)  
 Dave Fernandez

Mailing Address information requested

City State Zip Code  
 Rockford IL 61107

Purpose of Disbursement  
 canvassing

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** D321409

Date of Disbursement

/   /

Amount of Each Disbursement this Period

417.00

☐ Refund or Disposal of Excess  
 Contributions Required Under  
 11 C.F.R. 400.53

**SUBTOTAL** of Disbursements This Page (optional) .....

1417.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 29 / 61

☒ 17 ☐ 18 ☐ 19a ☐ 19b  
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)  
Citizens for Robert Abboud

**A.**

Full Name (Last, First, Middle Initial)

David Fernandez

Mailing Address 1923 Stevenson Ave

City State Zip Code  
DeKalb IL 60115

Purpose of Disbursement  
canvassing

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** D321370

Date of Disbursement

/   /

Amount of Each Disbursement this Period

500.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**B.**

Full Name (Last, First, Middle Initial)

David Fernandez

Mailing Address 1923 Stevenson Ave

City State Zip Code  
DeKalb IL 60115

Purpose of Disbursement  
canvassing

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** D321371

Date of Disbursement

/   /

Amount of Each Disbursement this Period

84.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**C.**

Full Name (Last, First, Middle Initial)

David Fernandez

Mailing Address 1923 Stevenson Ave

City State Zip Code  
DeKalb IL 60115

Purpose of Disbursement  
canvassing

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** D321221

Date of Disbursement

/   /

Amount of Each Disbursement this Period

336.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**SUBTOTAL** of Disbursements This Page (optional) .....

920.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 30 / 61

☒ 17 ☐ 18 ☐ 19a ☐ 19b  
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)  
Citizens for Robert Abboud

<b>A.</b> Full Name (Last, First, Middle Initial) David Fernandez	<b>Transaction ID:</b> D321254 <b>Date of Disbursement</b>
Mailing Address 1923 Stevenson Ave	<div> <div>M M / D D / Y Y Y Y</div> <div>0 5 / 2 3 / 2 0 0 8</div> </div>
City DeKalb State IL Zip Code 60115	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement canvassing	<div> <div>84.00</div> </div>
Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) Fox River Grove LP	<b>Transaction ID:</b> D321225 <b>Date of Disbursement</b>
Mailing Address 960 Route 22	<div> <div>M M / D D / Y Y Y Y</div> <div>0 5 / 0 2 / 2 0 0 8</div> </div>
City Fox River Grove State IL Zip Code 60021	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement rent	<div> <div>840.00</div> </div>
Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) Daniel Grams	<b>Transaction ID:</b> D321433 <b>Date of Disbursement</b>
Mailing Address Information Requested	<div> <div>M M / D D / Y Y Y Y</div> <div>0 5 / 1 6 / 2 0 0 8</div> </div>
City Rockford State IL Zip Code 61103	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement canvassing	<div> <div>252.00</div> </div>
Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

**SUBTOTAL** of Disbursements This Page (optional) .....

**1176.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 31 / 61

☒ 17 ☐ 18 ☐ 19a ☐ 19b  
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)  
Citizens for Robert Abboud

<b>A.</b> Full Name (Last, First, Middle Initial) Daniel Grams	<b>Transaction ID:</b> D321438 <b>Date of Disbursement</b>
Mailing Address      Information Requested	<div> <div>M M / D D / Y Y Y Y</div> <div>0 5 / 2 3 / 2 0 0 8</div> </div>
City      State      Zip Code Rockford      IL      61103	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement canvassing	<div> <div>250.00</div> </div>
Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State:      District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) Danny Grams	<b>Transaction ID:</b> D321410 <b>Date of Disbursement</b>
Mailing Address      information requested	<div> <div>M M / D D / Y Y Y Y</div> <div>0 5 / 3 0 / 2 0 0 8</div> </div>
City      State      Zip Code Rockford      IL      61107	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement canvassing 4 days	<div> <div>334.00</div> </div>
Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State:      District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) Danny Grams	<b>Transaction ID:</b> D321314 <b>Date of Disbursement</b>
Mailing Address      information requested	<div> <div>M M / D D / Y Y Y Y</div> <div>0 5 / 3 0 / 2 0 0 8</div> </div>
City      State      Zip Code Rockford      IL      61107	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement 4 days of canvassing	<div> <div>1126.00</div> </div>
Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State:      District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

**SUBTOTAL** of Disbursements This Page (optional) .....

**1710.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 32 / 61

☒ 17 ☐ 18 ☐ 19a ☐ 19b  
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)  
Citizens for Robert Abboud

<b>A.</b> Full Name (Last, First, Middle Initial) Danny Grams Mailing Address information requested	<b>Transaction ID:</b> D321365 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 1 3 / 2 0 0 8</div> </div>
City State Zip Code Rockford IL 61107 Purpose of Disbursement Canvassing Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	<b>Amount of Each Disbursement this Period</b> <div>500.00</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<b>B.</b> Full Name (Last, First, Middle Initial) Danny Grams Mailing Address information requested City State Zip Code Rockford IL 61107 Purpose of Disbursement canvassing Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	<b>Transaction ID:</b> D321366 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 2 7 / 2 0 0 8</div> </div> <b>Amount of Each Disbursement this Period</b> <div>334.00</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<b>C.</b> Full Name (Last, First, Middle Initial) Eric Howanietz Mailing Address 210 Elmhurst Road City State Zip Code Crystal Lake IL 60051 Purpose of Disbursement canvassing Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	<b>Transaction ID:</b> D321256 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 0 4 / 2 0 0 8</div> </div> <b>Amount of Each Disbursement this Period</b> <div>692.31</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

**SUBTOTAL** of Disbursements This Page (optional) .....

**1526.31**

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 33 / 61

☒ 17 ☐ 18 ☐ 19a ☐ 19b  
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)  
Citizens for Robert Abboud

A.

Full Name (Last, First, Middle Initial)  
Eric Howanietz

Mailing Address 210 Elmhurst Road

City State Zip Code  
Crystal Lake IL 60051

Purpose of Disbursement  
canvassing 9 days

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D321399

Date of Disbursement

/   /

Amount of Each Disbursement this Period

752.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

B.

Full Name (Last, First, Middle Initial)  
Eric Howanietz

Mailing Address 210 Elmhurst Road

City State Zip Code  
Crystal Lake IL 60051

Purpose of Disbursement  
canvassing 6 days

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D321405

Date of Disbursement

/   /

Amount of Each Disbursement this Period

500.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

C.

Full Name (Last, First, Middle Initial)  
Eric Howanietz

Mailing Address 210 Elmhurst Road

City State Zip Code  
Crystal Lake IL 60051

Purpose of Disbursement  
canvassing

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D321443

Date of Disbursement

/   /

Amount of Each Disbursement this Period

500.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**SUBTOTAL** of Disbursements This Page (optional) .....

1752.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 34 / 61

☒ 17 ☐ 18 ☐ 19a ☐ 19b  
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)  
 Citizens for Robert Abboud

**A.**

Full Name (Last, First, Middle Initial)  
 Cole Hubbard

Mailing Address 1427 N. Court

City Rockford State IL Zip Code 61103

Purpose of Disbursement  
 canvassing

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** D321255

Date of Disbursement

/   /

Amount of Each Disbursement this Period

250.00

☐ Refund or Disposal of Excess  
 Contributions Required Under  
 11 C.F.R. 400.53

**B.**

Full Name (Last, First, Middle Initial)  
 Cole Hubbard

Mailing Address 1427 N. Court

City Rockford State IL Zip Code 61103

Purpose of Disbursement  
 canvassing

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** D321224

Date of Disbursement

/   /

Amount of Each Disbursement this Period

168.00

☐ Refund or Disposal of Excess  
 Contributions Required Under  
 11 C.F.R. 400.53

**C.**

Full Name (Last, First, Middle Initial)  
 Cole Hubbard

Mailing Address 1427 N. Court

City Rockford State IL Zip Code 61103

Purpose of Disbursement  
 canvassing

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** D321249

Date of Disbursement

/   /

Amount of Each Disbursement this Period

500.00

☐ Refund or Disposal of Excess  
 Contributions Required Under  
 11 C.F.R. 400.53

**SUBTOTAL** of Disbursements This Page (optional) .....

918.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 35 / 61

☒ 17 ☐ 18 ☐ 19a ☐ 19b  
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)  
Citizens for Robert Abboud

**A.**

Full Name (Last, First, Middle Initial)  
Cole Hubbard

Mailing Address 1427 N. Court

City Rockford State IL Zip Code 61103

Purpose of Disbursement  
canvassing

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** D321369

Date of Disbursement

/   /

Amount of Each Disbursement this Period

417.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**B.**

Full Name (Last, First, Middle Initial)  
Cole Hubbard

Mailing Address 1427 N. Court

City Rockford State IL Zip Code 61103

Purpose of Disbursement  
5 days of canvassing

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** D321316

Date of Disbursement

/   /

Amount of Each Disbursement this Period

416.65

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**C.**

Full Name (Last, First, Middle Initial)  
Cole Hubbard

Mailing Address 1427 N. Court

City Rockford State IL Zip Code 61103

Purpose of Disbursement  
canvassing

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** D321401

Date of Disbursement

/   /

Amount of Each Disbursement this Period

168.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**SUBTOTAL** of Disbursements This Page (optional) .....

1001.65

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 36 / 61

☒ 17 ☐ 18 ☐ 19a ☐ 19b  
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)  
Citizens for Robert Abboud

**A.**

Full Name (Last, First, Middle Initial)  
Cole Hubbard

Mailing Address 1427 N. Court

City Rockford State IL Zip Code 61103

Purpose of Disbursement  
canvassing

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** D321386

Date of Disbursement

/   /

Amount of Each Disbursement this Period

167.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**B.**

Full Name (Last, First, Middle Initial)  
IKON Office Solutions, Inc.

Mailing Address 300 Center Drive

City Vernon Hills State IL Zip Code 60061

Purpose of Disbursement  
copier equipment

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** D321452

Date of Disbursement

/   /

Amount of Each Disbursement this Period

329.81

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**C.**

Full Name (Last, First, Middle Initial)  
K&K Associates, Inc.

Mailing Address 1019 Franklin Pl

City Rockford State IL Zip Code 61103-7011

Purpose of Disbursement  
Rent

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** D321211

Date of Disbursement

/   /

Amount of Each Disbursement this Period

2700.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**SUBTOTAL** of Disbursements This Page (optional) .....

3196.81

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 37 / 61

☒ 17 ☐ 18 ☐ 19a ☐ 19b  
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)  
Citizens for Robert Abboud

A.

Full Name (Last, First, Middle Initial)  
K&K Associates, Inc.

Mailing Address 1019 Franklin Pl

City State Zip Code  
Rockford IL 61103-7011

Purpose of Disbursement  
Rent

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D321213

Date of Disbursement

/   /

Amount of Each Disbursement this Period

2700.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

B.

Full Name (Last, First, Middle Initial)  
K&K Associates, Inc.

Mailing Address 1019 Franklin Pl

City State Zip Code  
Rockford IL 61103-7011

Purpose of Disbursement  
Utilities

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D321215

Date of Disbursement

/   /

Amount of Each Disbursement this Period

450.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

C.

Full Name (Last, First, Middle Initial)  
Dan Koteski

Mailing Address information requested

City State Zip Code  
Rockford IL 61107

Purpose of Disbursement  
6 days of canvassing

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D321313

Date of Disbursement

/   /

Amount of Each Disbursement this Period

500.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**SUBTOTAL** of Disbursements This Page (optional) .....

3650.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 38 / 61

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
Citizens for Robert Abboud**A.**

Full Name (Last, First, Middle Initial)

Dan Koteski

**Transaction ID:** D321403

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	6		2	0	0	8

Mailing Address information requested

Amount of Each Disbursement this Period

City State Zip Code  
Rockford IL 61107

420.00

Purpose of Disbursement  
canvassing 5 daysCategory/  
Type☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

**B.**

Full Name (Last, First, Middle Initial)

Dan Koteski

**Transaction ID:** D321321

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		3	0		2	0	0	8

Mailing Address information requested

Amount of Each Disbursement this Period

City State Zip Code  
Rockford IL 61107

417.00

Purpose of Disbursement  
5 days of canvassingCategory/  
Type☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**C.**

Full Name (Last, First, Middle Initial)

Dan Koteski

**Transaction ID:** D321363

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	3		2	0	0	8

Mailing Address information requested

Amount of Each Disbursement this Period

City State Zip Code  
Rockford IL 61107

417.00

Purpose of Disbursement  
canvassingCategory/  
Type☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**SUBTOTAL** of Disbursements This Page (optional) .....

1254.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 39 / 61

☒ 17 ☐ 18 ☐ 19a ☐ 19b  
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)  
Citizens for Robert Abboud

A.

Full Name (Last, First, Middle Initial)

Dan Koteski

Mailing Address information requested

City State Zip Code  
Rockford IL 61107

Purpose of Disbursement  
canvassing

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D321364

Date of Disbursement

06 / 27 / 2008

Amount of Each Disbursement this Period

167.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

B.

Full Name (Last, First, Middle Initial)

Jason looney

Mailing Address information requested

City State Zip Code  
Rockford IL 61107

Purpose of Disbursement  
canvassing

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D321387

Date of Disbursement

06 / 27 / 2008

Amount of Each Disbursement this Period

250.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

C.

Full Name (Last, First, Middle Initial)

Jason looney

Mailing Address information requested

City State Zip Code  
Rockford IL 61107

Purpose of Disbursement  
canvassing

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D321449

Date of Disbursement

05 / 30 / 2008

Amount of Each Disbursement this Period

250.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**SUBTOTAL** of Disbursements This Page (optional) .....

667.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 40 / 61

☒ 17 ☐ 18 ☐ 19a ☐ 19b  
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)  
Citizens for Robert Abboud

<b>A.</b> Full Name (Last, First, Middle Initial) Jason looney Mailing Address information requested	<b>Transaction ID:</b> D321445 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 5 / 2 3 / 2 0 0 8</div> </div>
City State Zip Code Rockford IL 61107 Purpose of Disbursement canvassing Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	<b>Amount of Each Disbursement this Period</b> <div>666.64</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<b>B.</b> Full Name (Last, First, Middle Initial) Beth Mallen Mailing Address 2 Cross Timber Rd City State Zip Code Barrington Hills IL 60010 Purpose of Disbursement campaign services Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	<b>Transaction ID:</b> D321402 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 5 / 1 2 / 2 0 0 8</div> </div> <b>Amount of Each Disbursement this Period</b> <div>1000.00</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<b>C.</b> Full Name (Last, First, Middle Initial) Kelly Moura Mailing Address 612 North Chicago Avenue City State Zip Code Rockford IL 61107 Purpose of Disbursement consulting Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	<b>Transaction ID:</b> D321381 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 1 7 / 2 0 0 8</div> </div> <b>Amount of Each Disbursement this Period</b> <div>4650.00</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

**SUBTOTAL** of Disbursements This Page (optional) .....

**6316.64**

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 41 / 61

☒ 17 ☐ 18 ☐ 19a ☐ 19b  
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)  
Citizens for Robert Abboud

<b>A.</b> Full Name (Last, First, Middle Initial) Kelly Moura Mailing Address 612 North Chicago Avenue	<b>Transaction ID:</b> D321426 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 5 / 2 3 / 2 0 0 8</div> </div>
City State Zip Code Rockford IL 61107 Purpose of Disbursement campaigning management consulting Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	<b>Amount of Each Disbursement this Period</b> <div>2750.00</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<b>B.</b> Full Name (Last, First, Middle Initial) Kelly Moura Mailing Address 612 North Chicago Avenue City State Zip Code Rockford IL 61107 Purpose of Disbursement travel reimbursement Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	<b>Transaction ID:</b> D321427 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 0 4 / 2 0 0 8</div> </div> <b>Amount of Each Disbursement this Period</b> <div>400.00</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<b>C.</b> Full Name (Last, First, Middle Initial) James Nicolos Mailing Address information requested City State Zip Code Purpose of Disbursement canvassing Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	<b>Transaction ID:</b> D321367 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 2 7 / 2 0 0 8</div> </div> <b>Amount of Each Disbursement this Period</b> <div>500.00</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

**SUBTOTAL** of Disbursements This Page (optional) .....

**3650.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 42 / 61

☒ 17 ☐ 18 ☐ 19a ☐ 19b  
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)  
Citizens for Robert Abboud

<b>A.</b> Full Name (Last, First, Middle Initial) James Nicolos	<b>Transaction ID:</b> D321368 <b>Date of Disbursement</b>
Mailing Address information requested	<div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 2 7 / 2 0 0 8</div> </div>
City State Zip Code	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement canvassing	<div> <div></div> <div>334.00</div> </div>
Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
State: District:	<input type="checkbox"/> Other (specify) ▼
State: District:	Category/Type
<b>B.</b> Full Name (Last, First, Middle Initial) Mike Olson	<b>Transaction ID:</b> D321220 <b>Date of Disbursement</b>
Mailing Address 1121 Van Wie Ave	<div> <div>M M / D D / Y Y Y Y</div> <div>0 5 / 0 2 / 2 0 0 8</div> </div>
City State Zip Code Rockford IL 61103	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement canvassing	<div> <div></div> <div>500.00</div> </div>
Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
State: District:	<input type="checkbox"/> Other (specify) ▼
State: District:	Category/Type
<b>C.</b> Full Name (Last, First, Middle Initial) Mike Olson	<b>Transaction ID:</b> D321435 <b>Date of Disbursement</b>
Mailing Address 1121 Van Wie Ave	<div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 2 7 / 2 0 0 8</div> </div>
City State Zip Code Rockford IL 61103	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement canvassing	<div> <div></div> <div>167.00</div> </div>
Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
State: District:	<input type="checkbox"/> Other (specify) ▼
State: District:	Category/Type

**SUBTOTAL** of Disbursements This Page (optional) .....

1001.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 43 / 61

☒ 17 ☐ 18 ☐ 19a ☐ 19b  
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)  
 Citizens for Robert Abboud

**A.**

Full Name (Last, First, Middle Initial)

Mike Olson

Mailing Address 1121 Van Wie Ave

City State Zip Code  
 Rockford IL 61103

Purpose of Disbursement  
 canvassing

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** D321437

Date of Disbursement

/   /

Amount of Each Disbursement this Period

417.00

☐ Refund or Disposal of Excess  
 Contributions Required Under  
 11 C.F.R. 400.53

**B.**

Full Name (Last, First, Middle Initial)

Mike Olson

Mailing Address 1121 Van Wie Ave

City State Zip Code  
 Rockford IL 61103

Purpose of Disbursement  
 canvassing

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** D321439

Date of Disbursement

/   /

Amount of Each Disbursement this Period

417.00

☐ Refund or Disposal of Excess  
 Contributions Required Under  
 11 C.F.R. 400.53

**C.**

Full Name (Last, First, Middle Initial)

Mike Olson

Mailing Address 1121 Van Wie Ave

City State Zip Code  
 Rockford IL 61103

Purpose of Disbursement  
 canvassing

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** D321440

Date of Disbursement

/   /

Amount of Each Disbursement this Period

500.00

☐ Refund or Disposal of Excess  
 Contributions Required Under  
 11 C.F.R. 400.53

**SUBTOTAL** of Disbursements This Page (optional) .....

1334.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 44 / 61

☒ 17 ☐ 18 ☐ 19a ☐ 19b  
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)  
 Citizens for Robert Abboud

<b>A.</b> Full Name (Last, First, Middle Initial) Mike Olson Mailing Address 1121 Van Wie Ave	<b>Transaction ID:</b> D321441 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 5 / 1 6 / 2 0 0 8</div> </div>
City Rockford State IL Zip Code 61103 Purpose of Disbursement canvassing Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	<b>Amount of Each Disbursement this Period</b> <div>420.00</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<b>B.</b> Full Name (Last, First, Middle Initial) Mike Olson Mailing Address 1121 Van Wie Ave City Rockford State IL Zip Code 61103 Purpose of Disbursement canvassing Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	<b>Transaction ID:</b> D321442 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 5 / 0 9 / 2 0 0 8</div> </div> <b>Amount of Each Disbursement this Period</b> <div>420.00</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<b>C.</b> Full Name (Last, First, Middle Initial) Roosevelt Media, Inc. Mailing Address 1 N La Salle St Ste 4500 City Chicago State IL Zip Code 60602-4007 Purpose of Disbursement consulting Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	<b>Transaction ID:</b> D321252 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 5 / 1 6 / 2 0 0 8</div> </div> <b>Amount of Each Disbursement this Period</b> <div>10000.00</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

**SUBTOTAL** of Disbursements This Page (optional) .....

**10840.00**

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 45 / 61

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
Citizens for Robert Abboud**A.**

Full Name (Last, First, Middle Initial)

Larry Standfield

Mailing Address 4566 Govnor's Dr.

City State Zip Code  
Rockford IL 61103Purpose of Disbursement  
canvassing for 4 days

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** D321309

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		3	0		2	0	0	8

Amount of Each Disbursement this Period

334.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53**B.**

Full Name (Last, First, Middle Initial)

Larry Standfield

Mailing Address 4566 Govnor's Dr.

City State Zip Code  
Rockford IL 61103Purpose of Disbursement  
canvassing

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** D321251

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	6		2	0	0	8

Amount of Each Disbursement this Period

500.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53**C.**

Full Name (Last, First, Middle Initial)

Larry Standfield

Mailing Address 4566 Govnor's Dr.

City State Zip Code  
Rockford IL 61103Purpose of Disbursement  
canvassing

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** D321223

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	2		2	0	0	8

Amount of Each Disbursement this Period

252.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53**SUBTOTAL** of Disbursements This Page (optional) .....

1086.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 46 / 61

☒ 17 ☐ 18 ☐ 19a ☐ 19b  
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)  
 Citizens for Robert Abboud

<b>A.</b> Full Name (Last, First, Middle Initial) Larry Standfield	<b>Transaction ID:</b> D321361 <b>Date of Disbursement</b>
Mailing Address 4566 Govnor's Dr.	<div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 1 3 / 2 0 0 8</div> </div>
City Rockford State IL Zip Code 61103	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement canvassing	<div> <div>417.00</div> </div>
Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) Larry Standfield	<b>Transaction ID:</b> D321362 <b>Date of Disbursement</b>
Mailing Address 4566 Govnor's Dr.	<div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 2 7 / 2 0 0 8</div> </div>
City Rockford State IL Zip Code 61103	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement canvassing	<div> <div>167.00</div> </div>
Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) Larry Standfield	<b>Transaction ID:</b> D321332 <b>Date of Disbursement</b>
Mailing Address 4566 Govnor's Dr.	<div> <div>M M / D D / Y Y Y Y</div> <div>0 5 / 2 3 / 2 0 0 8</div> </div>
City Rockford State IL Zip Code 61103	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement 6 days of canvassing	<div> <div>500.00</div> </div>
Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

**SUBTOTAL** of Disbursements This Page (optional) .....

**1084.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 47 / 61

☒ 17 ☐ 18 ☐ 19a ☐ 19b  
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)  
 Citizens for Robert Abboud

**A.**

Full Name (Last, First, Middle Initial)

Larry Standfield

Mailing Address 4566 Govnor's Dr.

City State Zip Code  
 Rockford IL 61103

Purpose of Disbursement  
 canvassing

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** D321397

Date of Disbursement

/   /

Amount of Each Disbursement this Period

420.00

☐ Refund or Disposal of Excess  
 Contributions Required Under  
 11 C.F.R. 400.53

**B.**

Full Name (Last, First, Middle Initial)

Kristen Trigg

Mailing Address 2320 West 21st Street #3

City State Zip Code  
 Chicago IL 60608

Purpose of Disbursement  
 canvassing

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** D321396

Date of Disbursement

/   /

Amount of Each Disbursement this Period

420.00

☐ Refund or Disposal of Excess  
 Contributions Required Under  
 11 C.F.R. 400.53

**C.**

Full Name (Last, First, Middle Initial)

Kristen Trigg

Mailing Address 2320 West 21st Street #3

City State Zip Code  
 Chicago IL 60608

Purpose of Disbursement  
 canvassing 6 days

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** D321404

Date of Disbursement

/   /

Amount of Each Disbursement this Period

500.00

☐ Refund or Disposal of Excess  
 Contributions Required Under  
 11 C.F.R. 400.53

**SUBTOTAL** of Disbursements This Page (optional) .....

1340.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 48 / 61

☒ 17 ☐ 18 ☐ 19a ☐ 19b  
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)  
Citizens for Robert Abboud

A.

Full Name (Last, First, Middle Initial)

Kristen Trigg

Mailing Address 2320 West 21st Street #3

City Chicago State IL Zip Code 60608

Purpose of Disbursement  
canvassing

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D321388

Date of Disbursement

/   /

Amount of Each Disbursement this Period

417.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

B.

Full Name (Last, First, Middle Initial)

Kristen Trigg

Mailing Address 2320 West 21st Street #3

City Chicago State IL Zip Code 60608

Purpose of Disbursement  
4 days of canvassing

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D321311

Date of Disbursement

/   /

Amount of Each Disbursement this Period

334.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

C.

Full Name (Last, First, Middle Initial)

Kristen Trigg

Mailing Address 2320 West 21st Street #3

City Chicago State IL Zip Code 60608

Purpose of Disbursement  
canvassing

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D321253

Date of Disbursement

/   /

Amount of Each Disbursement this Period

500.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) .....

1251.00

TOTAL This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 49 / 61

☒ 17 ☐ 18 ☐ 19a ☐ 19b  
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)  
Citizens for Robert Abboud

<b>A.</b> Full Name (Last, First, Middle Initial) Kristen Trigg Mailing Address 2320 West 21st Street #3	<b>Transaction ID:</b> D321217 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 5 / 0 2 / 2 0 0 8</div> </div>
City Chicago State IL Zip Code 60608 Purpose of Disbursement canvassing Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	<b>Amount of Each Disbursement this Period</b> <div>500.00</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<b>B.</b> Full Name (Last, First, Middle Initial) Kristen Trigg Mailing Address 2320 West 21st Street #3 City Chicago State IL Zip Code 60608 Purpose of Disbursement canvassing Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	<b>Transaction ID:</b> D321197 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 4 / 2 5 / 2 0 0 8</div> </div> <b>Amount of Each Disbursement this Period</b> <div>268.00</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<b>C.</b> Full Name (Last, First, Middle Initial) Steve Verzwylt Mailing Address 714 Wallingford Way City Rockford State IL Zip Code 61107 Purpose of Disbursement travel reimbursement Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	<b>Transaction ID:</b> D321423 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 5 / 0 5 / 2 0 0 8</div> </div> <b>Amount of Each Disbursement this Period</b> <div>754.00</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

**SUBTOTAL** of Disbursements This Page (optional) ..... ►

1522.00

**TOTAL** This Period (last page this line number only) ..... ►

# **SCHEDULE B (FEC Form 3)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 50 / 61

☒ 17 ☐ 18 ☐ 19a ☐ 19b  
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)  
Citizens for Robert Abboud

A.

Full Name (Last, First, Middle Initial)  
Steve Verzwylvet

Mailing Address 714 Wallingford Way

City Rockford State IL Zip Code 61107

Purpose of Disbursement  
nontravel expense reimbursement  
Candidate Name

Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President  
 Disbursement For: 2008 ☒ Primary ☐ General  
☐ Other (specify) ▼  
 State: District:

Transaction ID: D321424  
Date of Disbursement

/   /

Amount of Each Disbursement this Period

102.75

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

B.

Full Name (Last, First, Middle Initial)  
Steve Verzwylvet

Mailing Address 714 Wallingford Way

City Rockford State IL Zip Code 61107

Purpose of Disbursement  
field operations consulting  
Candidate Name

Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President  
 Disbursement For: 2008 ☒ Primary ☐ General  
☐ Other (specify) ▼  
 State: District:

Transaction ID: D321421  
Date of Disbursement

/   /

Amount of Each Disbursement this Period

2250.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

C.

Full Name (Last, First, Middle Initial)  
Steve Verzwylvet

Mailing Address 714 Wallingford Way

City Rockford State IL Zip Code 61107

Purpose of Disbursement  
field operations consulting  
Candidate Name

Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President  
 Disbursement For: 2008 ☒ Primary ☐ General  
☐ Other (specify) ▼  
 State: District:

Transaction ID: D321419  
Date of Disbursement

/   /

Amount of Each Disbursement this Period

4375.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**SUBTOTAL** of Disbursements This Page (optional) .....

6727.75

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 51 / 61

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
Citizens for Robert Abboud

**A.**

Full Name (Last, First, Middle Initial)

Voter Activation Network

Mailing Address 54 Regent Street

City  
Cambridge

State  
MA

Zip Code  
02140

Purpose of Disbursement  
voter file software

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State:

District:

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

Transaction ID: D321195

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	0		2	0	0	8

Amount of Each Disbursement this Period

2000.00
---------

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**SUBTOTAL** of Disbursements This Page (optional) .....

**2000.00**

**TOTAL** This Period (last page this line number only) .....

**90859.33**

**SCHEDULE C (FEC Form 3)****LOANS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

PAGE 52 / 61

FOR LINE NUMBER:  
(check only one)☒ 13a  
☐ 13bNAME OF COMMITTEE (In Full)  
Citizens for Robert Abboud

Transaction ID: L595

**LOAN SOURCE** Full Name (Last, First, Middle Initial)  
Robert G. Abboud, PERS FUNDS - [PERSONAL FUND-  
S]

Election:

☒ Primary  
☐ General  
☐ Other (specify) ▼

Mailing Address 13 Country Oaks Lane

City Barrington Hills State IL ZIP Code 60010

Original Amount of Loan

10000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

10000.00

**TERMS**

Date Incurred

Date Due

Interest Rate

Secured:

M M  
0 1D D  
0 7Y Y Y Y  
2 0 0 8

11/15/2009

.0000

% (apr)

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount  
Guaranteed  
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount  
Guaranteed  
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount  
Guaranteed  
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount  
Guaranteed  
Outstanding:**SUBTOTALS** This Period This Page (optional) ▶

10000.00

**TOTALS** This Period (last page in this line only) ▶

.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**SCHEDULE C (FEC Form 3)**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

PAGE 53 / 61

**LOANS**FOR LINE NUMBER:  
(check only one)☒ 13a  
☐ 13bNAME OF COMMITTEE (In Full)  
Citizens for Robert Abboud

Transaction ID: L596

**LOAN SOURCE** Full Name (Last, First, Middle Initial)  
Robert G. Abboud, PERS FUNDS - [PERSONAL FUND-  
S]

Election:

☒ Primary  
☐ General  
☐ Other (specify) ▼

Mailing Address 13 Country Oaks Lane

City Barrington Hills State IL ZIP Code 60010

Original Amount of Loan

1200.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

1200.00

**TERMS**

Date Incurred

Date Due

Interest Rate

Secured:

M M  
0 1D D  
2 2Y Y Y Y  
2 0 0 8

.0000 % (apr)

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount  
Guaranteed  
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount  
Guaranteed  
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount  
Guaranteed  
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount  
Guaranteed  
Outstanding:**SUBTOTALS** This Period This Page (optional) ▶

1200.00

**TOTALS** This Period (last page in this line only) ▶

.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**SCHEDULE C (FEC Form 3)**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

PAGE 54 / 61

**LOANS**FOR LINE NUMBER:  
(check only one)☒ 13a  
☐ 13bNAME OF COMMITTEE (In Full)  
Citizens for Robert Abboud

Transaction ID: L603

**LOAN SOURCE** Full Name (Last, First, Middle Initial)  
Robert G. Abboud

Election:

☒ Primary  
☐ General  
☐ Other (specify) ▼

Mailing Address 13 Country Oaks Lane

City Barrington Hills State IL ZIP Code 60010

Original Amount of Loan

38000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

38000.00

**TERMS**

Date Incurred

Date Due

Interest Rate

Secured:

M M  
0 1D D  
2 5Y Y Y Y  
2 0 0 8

.0000 % (apr)

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount  
Guaranteed  
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount  
Guaranteed  
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount  
Guaranteed  
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount  
Guaranteed  
Outstanding:**SUBTOTALS** This Period This Page (optional) ▶

38000.00

**TOTALS** This Period (last page in this line only) ▶

.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**SCHEDULE C (FEC Form 3)**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

PAGE 55 / 61

**LOANS**FOR LINE NUMBER:  
(check only one)☒ 13a  
☐ 13bNAME OF COMMITTEE (In Full)  
Citizens for Robert Abboud

Transaction ID: L691

**LOAN SOURCE** Full Name (Last, First, Middle Initial)  
Robert G. Abboud

Election:

☐ Primary  
☒ General  
☐ Other (specify) ▼

Mailing Address 13 Country Oaks Lane

City Barrington Hills State IL ZIP Code 60010

Original Amount of Loan

583.95

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

583.95

**TERMS**

Date Incurred

Date Due

Interest Rate

Secured:

M M  
0 5D D  
2 7Y Y Y Y  
2 0 0 8

.0000

% (apr)

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount  
Guaranteed  
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount  
Guaranteed  
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount  
Guaranteed  
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount  
Guaranteed  
Outstanding:**SUBTOTALS** This Period This Page (optional) ▶

583.95

**TOTALS** This Period (last page in this line only) ▶

.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**SCHEDULE C (FEC Form 3)**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

PAGE 56 / 61

**LOANS**FOR LINE NUMBER:  
(check only one)☒ 13a  
☐ 13bNAME OF COMMITTEE (In Full)  
Citizens for Robert Abboud

Transaction ID: L692

**LOAN SOURCE** Full Name (Last, First, Middle Initial)  
Robert G. Abboud

Election:

☐ Primary  
☒ General  
☐ Other (specify) ▼

Mailing Address 13 Country Oaks Lane

City Barrington Hills State IL ZIP Code 60010

Original Amount of Loan

3510.92

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

3510.92

**TERMS**

Date Incurred

Date Due

Interest Rate

Secured:

M M  
0 5D D  
2 8Y Y Y Y  
2 0 0 8

.0000 % (apr)

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount  
Guaranteed  
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount  
Guaranteed  
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount  
Guaranteed  
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount  
Guaranteed  
Outstanding:**SUBTOTALS** This Period This Page (optional) ▶

3510.92

**TOTALS** This Period (last page in this line only) ▶

.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.



**SCHEDULE C (FEC Form 3)**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

PAGE 57 / 61

**LOANS**FOR LINE NUMBER:  
(check only one)☒ 13a  
☐ 13bNAME OF COMMITTEE (In Full)  
Citizens for Robert Abboud

Transaction ID: L693

**LOAN SOURCE** Full Name (Last, First, Middle Initial)  
Robert G. Abboud

Election:

☐ Primary  
☒ General  
☐ Other (specify) ▼

Mailing Address 13 Country Oaks Lane

City Barrington Hills State IL ZIP Code 60010

Original Amount of Loan

7000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

7000.00

**TERMS**

Date Incurred

Date Due

Interest Rate

Secured:

M M  
0 6D D  
1 8Y Y Y Y  
2 0 0 8

.0000 % (apr)

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount  
Guaranteed  
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount  
Guaranteed  
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount  
Guaranteed  
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount  
Guaranteed  
Outstanding:**SUBTOTALS** This Period This Page (optional) ▶

7000.00

**TOTALS** This Period (last page in this line only) ▶

.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**SCHEDULE C (FEC Form 3)****LOANS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

PAGE 58 / 61

FOR LINE NUMBER:  
(check only one)☒ 13a  
☐ 13bNAME OF COMMITTEE (In Full)  
Citizens for Robert Abboud

Transaction ID: L694

**LOAN SOURCE** Full Name (Last, First, Middle Initial)  
Robert G. Abboud

Election:

☐ Primary  
☒ General  
☐ Other (specify) ▼

Mailing Address 13 Country Oaks Lane

City Barrington Hills State IL ZIP Code 60010

Original Amount of Loan

3100.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

3100.00

**TERMS**

Date Incurred

Date Due

Interest Rate

Secured:

M M  
0 6D D  
2 7Y Y Y Y  
2 0 0 8

.0000

% (apr)

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:**SUBTOTALS** This Period This Page (optional) ▶

3100.00

**TOTALS** This Period (last page in this line only) ▶

63394.87

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**SCHEDULE D (FEC Form 3)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 59 / 61

FOR LINE NUMBER:  
(check only one)☐ 9  
☒ 10NAME OF COMMITTEE (In Full)  
Citizens for Robert Abboud**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Fox River Grove LPNature of Debt (Purpose):  
rent

Mailing Address 960 Route 22

City State ZIP Code  
Fox River Grove IL 60021

Outstanding Balance Beginning This Period

0.00

Transaction ID: D321603

Amount Incurred This Period

840.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

840.00

**B.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
K&K Associates, Inc.Nature of Debt (Purpose):  
rent

Mailing Address 1019 Franklin Pl

City State ZIP Code  
Rockford IL 61103-7011

Outstanding Balance Beginning This Period

0.00

Transaction ID: D321602

Amount Incurred This Period

3150.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

3150.00

**C.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Robert G. AbboudNature of Debt (Purpose):  
reimbursement for nontrav-  
el advances

Mailing Address 13 Country Oaks Lane

City State ZIP Code  
Barrington Hills IL 60010

Outstanding Balance Beginning This Period

3761.14

Transaction ID: D301470

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

3761.14

**1) SUBTOTALS** This Period This Page (optional).....

7751.14

**2) TOTALS** This Period (last page this line number only).....**3) TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....**4) ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

**SCHEDULE D (FEC Form 3)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 60 / 61

FOR LINE NUMBER:  
(check only one)
☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)  
Citizens for Robert Abboud

**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Robert G. Abboud

Nature of Debt (Purpose):  
reimbursement for nontravel advances

Mailing Address 13 Country Oaks Lane

City State ZIP Code  
Barrington Hills IL 60010

Outstanding Balance Beginning This Period

0.00

Transaction ID: D321455

Amount Incurred This Period

18423.03

Payment This Period

0.00

Outstanding Balance at Close of This Period

18423.03

**B.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Voter Activation Network

Nature of Debt (Purpose):  
voter file software

Mailing Address 54 Regent Street

City State ZIP Code  
Cambridge MA 02140

Outstanding Balance Beginning This Period

4000.00

Transaction ID: D301252

Amount Incurred This Period

0.00

Payment This Period

2000.00

Outstanding Balance at Close of This Period

2000.00

**1) SUBTOTALS** This Period This Page (optional).....

20423.03

**2) TOTALS** This Period (last page this line number only).....

28174.17

**3) TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....

63394.87

**4) ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

91569.04

**Image# 28932257385**

Form/Schedule: **SC/10**

14597235

Transaction ID: **L595**

Form/Schedule: **SC/10**

14597481

Transaction ID: **L596**

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